BERITA ORTOPEDIK

NOVEMBER 2025

LETTER FROM THE EDITOR

Assalamualaikum and warm greetings to all.

It is my pleasure to welcome you to the **November 2025** issue of *Berita Ortopedik*. As we reflect on October's Mental Health Awareness Month, this edition turns our focus to a topic that lies at the heart of our profession yet is often left unspoken: **mental well-being among healthcare workers**.

In orthopaedics, we are conditioned to value resilience, stamina, and the ability to endure long hours and heavy workloads. These qualities are integral to surgical training, yet behind this culture of strength, many of us quietly navigate stress, fatigue, and emotional strain. We speak of grit and perseverance, but rarely of vulnerability, despite knowing that burnout and psychological exhaustion are increasingly common in our field.

One barrier remains particularly persistent: **stigma**. Even today, many clinicians hesitate to voice their struggles for fear of being perceived as weak, uncommitted, or less capable. This silence often prevents us from seeking help early, and it reinforces a cycle where emotional distress is normalised rather than addressed. Breaking this stigma is vital—not only for ourselves, but for our trainees and juniors, who often look to us to understand what is "acceptable" in surgical culture.

As the saying goes, **"health is wealth"**, and it applies no less to us than to the patients we care for. A sustainable, fulfilling surgical career depends on cultivating environments where psychological safety is valued, where well-being is prioritised, and where acknowledging mental strain is seen as an act of professionalism, not weakness.

I hope this issue encourages open conversation, empathy, and mutual support across all levels of our community. Let us work together to build a culture where caring for ourselves and each other is recognised as essential to the practice of orthopaedics.
As we move forward, let us remember that a thriving orthopaedic community depends not only on clinical excellence, but also on compassion — for our patients, our colleagues, and ourselves. It is important that we look out for one another, listen without judgment, and recognise that seeking support is a sign of strength, not failure. In a profession that often demands endurance, may we also make space for honesty, rest, and empathy.

"Even the hands that mend bones can carry unseen burdens."

Warm regards,
Dr. Mohd Iqbal Harris bin Sulaiman
Editorial Secretary 2025/2026
Berita Ortopedik
Malaysian Orthopaedic Association

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EDITORIAL BOARD

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CALL FOR ARTICLE
CONTRIBUTIONS!

If you have a knack for putting your experiences and knowledge to pen and paper, this call is for YOU. We are looking for more contributors to join our writers' team. We'd love to hear your thoughts and ideas as a member of the orthopaedic surgery fraternity of Malaysia.

Submit articles to us that fall under any of the following categories in relevance to the local orthopaedic surgery scene:

- **Advances in Orthopaedics**
- **Historical Events**
- **Education/ Mentoring**
- **Medicolegal/ Economics**
- **Any topics related to Orthopaedics**
- **Creative submissions are also welcome**

ARTICLE REQUIREMENTS:

- Submit your articles in **Word Document (.docx)** format.
- Articles should be within **500 to 1,000 words** in length. Do note that if selected, the format of your article may be amended to suit the newsletter layout.
- Submission of supporting photos or images in JPEG or PNG format are encouraged. Images submitted should be of **high resolution (1MB and above)** to ensure the images are not pixelated in reproduction.
- Include references of source materials should you cite information or use images from another party (person, organization or online website).

Submit your article(s) via email to **berita@moa-home.com**

WE LOOK FORWARD TO READING YOUR WRITEUPS!

Mid-Term Report from the President, Malaysian Orthopaedic Association

Dear Members,

As we reach the mid-point of this council term, I would like to take a moment to update all members on several key developments and ongoing initiatives within the Malaysian Orthopaedic Association (MOA).

1 Conclusion of EGM and MOA Office Lease Agreement

On 1st November, we successfully concluded the Extraordinary General Meeting (EGM) regarding the lease agreement for our new MOA office at the Academy of Medicine building. This marks a significant milestone for the Association. The outcome was the result of the tireless efforts of the MOA Building Committee, led by Prof. Tunku Kamarul, and the invaluable guidance of our legal team from Naqiz & Partners. With the agreement now finalized, we will proceed with the necessary payment to the Academy for our RM1,000-per-square-foot office space and will begin renovation works shortly. This dedicated office will strengthen MOA's operational capacity and visibility for years to come.

2 Formation of the MOA Medico-Legal Committee

We are pleased to announce the establishment of a new Medico-Legal Committee under the leadership of Dr. Harwant Singh. The committee members include Dr. Eddie Soo, Dato' Sivananthan, Assoc. Prof. Dr. Mohamed Faizal bin Sikkandar, and Assoc. Prof. Datuk Dr. Abdul Halim. This committee will serve as an advisory and protective body for MOA members on medico-legal matters. Over the coming months, I plan to engage with our SIG (Special Interest Group) heads to propose arbitrary consultative members across various subspecialties to further strengthen our collective expertise and support network.

3 Preparations for MOA ASM 2026 in Penang

Planning for our Annual Scientific Meeting (ASM) in Penang, June 2026, is progressing steadily. The event is being organized under the capable leadership of Organizing Chairman Assoc. Prof. Kamal and Scientific Chair Dr. Fairuz, with close input from our SIG heads to ensure a robust and high-quality scientific programme. Members can look forward to an engaging meeting with strong academic, clinical, and professional value.

4 SIG Fund Allocation and Educational Activities

The usage and allocation of SIG funds continue to progress smoothly, with increased approvals, particularly from the Trauma SIG. These allocations are translating into meaningful educational activities and development opportunities for our members. This is in line with our commitment to continuous professional growth within the orthopaedic community.

5 Strengthening ASEAN Relations – MOA as Guest Nation at POA ASM 2025

This November, MOA will be honoured as the Guest Nation at the Philippine Orthopaedic Association (POA) Annual Scientific Meeting in Manila. A contingent of MOA members will be attending, reflecting our long-standing friendship and collaboration with our colleagues in the region. In turn, we look forward to welcoming the POA as our Guest Nation during the MOA ASM 2026 in Penang. This ongoing exchange underscores the spirit of ASEAN cooperation and mutual advancement in orthopaedics.

I remain deeply grateful for the dedication and teamwork demonstrated by our council members throughout this term. Their hard work and commitment have been instrumental in moving the Association forward. Together, we will continue to build upon this momentum and uphold the mission and integrity of the MOA.

Thank you.
Dr. Gandhi Nathan Solayar
President
Malaysian Orthopaedic Association

Striving for Excellence in Medicine: A Contemporary Reflection

Written by: **Assoc. Prof. Dr. Amer Siddiq bin Amer Nordin**
University Malaya Medical Center

The question of whether we can excel in every domain of our professional and personal lives is one that many of us ponder—often quietly, sometimes painfully. The honest, and perhaps humbling, answer is *no*. We cannot excel in everything, and it is worth acknowledging this openly.

From early training, many of us were conditioned to strive relentlessly—to achieve, to outperform, and to demonstrate capability without falter. This ethos is deeply embedded in the culture of medicine. From medical school through housemanship, medical officer years, specialist training, and even into consultant practice, the expectation to perform consistently at a high level often becomes a defining professional identity. Many clinicians accept, and even derive purpose from this demanding pace, and a significant number would not trade it for an alternative career.

However, it must also be recognised that not all individuals thrive under unremitting pressure. For each colleague who excels under intense demands, there are others who quietly struggle. Increasingly, we observe peers at various training and career stages grappling with burnout, emotional exhaustion, or disillusionment—some stepping away from clinical medicine, and others leaving the profession entirely. These are not isolated events; they reflect a shifting landscape that warrants collective attention.

It is tempting to idealise past eras with the familiar phrase, *"during my time…"* Yet we must balance historical wisdom with present-day realities. Today's practitioners navigate heightened medicolegal scrutiny, increasingly informed and demanding *rakyat's* expectations, and the pervasive influence of social media which subtly suggests that limitless achievement across all domains is not only desirable but expected. This is an illusion—and one that exacts a psychological cost.

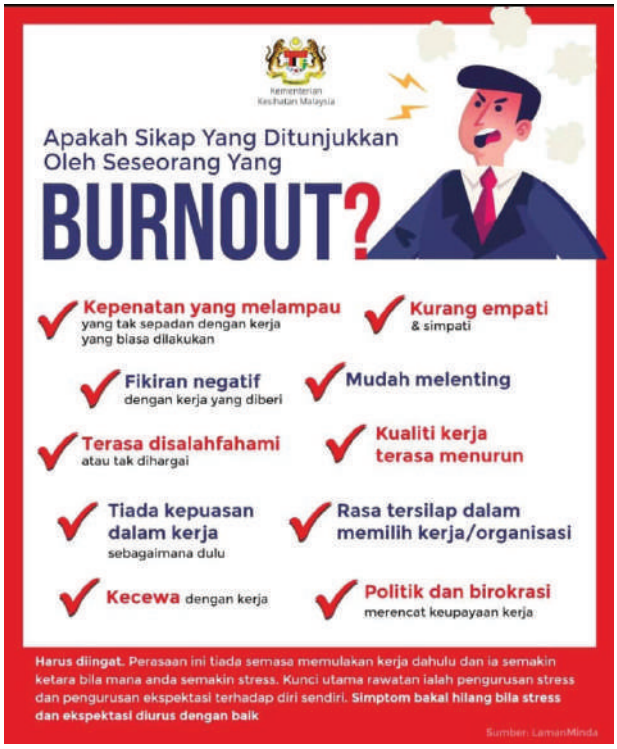
A healthy and sustainable approach begins with **managing our expectations**. Anne Lamott reminds us to take life "bird by bird," while Jon Kabat-Zinn emphasizes the importance of mindful presence. We need not accomplish everything at once, nor should we assume that others are doing so effortlessly.

Secondly, we must **reconceptualize stress**. Instead of viewing it solely as an adversary, we may benefit from integrating stress-regulation practices into daily life. Evidence-based strategies include regular physical activity, meditative and breathing practices, stretching disciplines such as yoga or Pilates, and engagement in spiritual or reflective routines. Rather than resisting stress, learning to work *with* it fosters psychological resilience—an attribute essential for long-term wellbeing. As Oliver Burkeman reminds us in *Four Thousand Weeks*, the average human lifespan is finite; if we assume a working life between ages 25 and 60, we spend approximately 1,820 weeks at work. It is both reasonable and necessary to ensure those weeks are meaningful and manageable.

Thirdly, we must highlight the fundamental importance of **sleep**—a topic rarely emphasised in traditional curricula until recent years. Adequate sleep is not a luxury; it is integral to emotional regulation, physical health, and cognitive function—domains critical to medical practice.

Finally, research and clinical wisdom repeatedly affirm that **purpose and relationships** are central determinants of professional fulfilment. Reconnecting with one's core motivation for choosing medicine—service, healing, contribution, or advocacy—and cultivating supportive relationships with colleagues and patients can serve as stabilising and protective factors against burnout.

In conclusion, it bears repeating that *there is no health without mental health*. May we collectively adopt a more compassionate, realistic, and sustainable culture of excellence—one that honours competence without sacrificing wellbeing.



Surviving the Strain: Managing Stress in the Medical Workplace

Written by: **Asst. Prof. Dr. Rozanizam bin Zakaria**
International Islamic University Malaysia – Kuantan Campus
(KULLIYYAH OF MEDICINE)

A Silent Crisis in White Coats

Medicine is one of the most rewarding yet emotionally taxing professions. Doctors are expected to balance high-stakes clinical decisions, endless administrative demands, and the emotional weight of suffering while maintaining composure and compassion. When these pressures exceed coping capacity, workplace stress sets in. In the context of workplace, the National Institute for Occupational Safety and Health (NIOSH) defines stress as the emotional and physical response to job demands that surpass one's ability to manage, this encompasses long working hours, frequent night calls, patient deaths, heavy documentation, and strained team dynamics.

Recent study conducted by Ching et.al (2024) among health care workers in Malaysia revealed the prevalence of personal burnout was 41.7%, followed by work-related burnout (32.2%) and client-related burnout (14.5%). Even after the pandemic's peak, these stressors persist, reflecting how the modern healthcare ecosystem is taking a toll on its healers.

Younger age, frequent on-calls, poor sleep, and lack of organizational support have been identified as strong predictors of burnout. The World Health Organization has recently highlighted that economic pressures, staff shortages, and digital overload are worsening the stress epidemic in the healthcare sector globally and Malaysia is no exception.

Beyond the numbers lies a deeper issue: medicine's culture of endurance. Many doctors are conditioned to push through exhaustion, to equate self-sacrifice with professionalism. Unfortunately, unrelenting stress erodes empathy, clouding clinical judgment and compromising the very care that defines the profession.

When the Caregiver Burns Out

The effects of chronic workplace stress are both personal and systemic. Emotionally, it manifests as fatigue, irritability, and loss of motivation. Professionally, it can lead to reduced productivity, absenteeism, and higher rates of medical errors. Studies link burnout to increased risk of depression, anxiety, and even suicidal ideation among doctors (Dewa et.al, 2014).
On a broader scale, burnout drains healthcare systems of their most valuable asset, that is human compassion. Stressed doctors are more likely to leave the public sector, fuelling a vicious cycle of understaffing and heavier workloads. On the home front, stress often spills over, straining marriages and disconnecting doctors from social relationships. When the healer suffers, so does the healing.

Strategies to Overcome: From Survival to Sustainable Practice

While systemic changes such as better staffing, workload redistribution, and supportive leadership are essential, much can also be done at the personal level. Self-care, self-compassion, and boundary-setting are not luxuries; they are professional responsibilities for sustainable practice.

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1 Self-Care as Preventive Medicine

Doctors preach it to patients but often neglect it themselves. Maintaining regular sleep, balanced nutrition, and hydration stabilizes both body and mind. Incorporate short, restorative breaks, even two minutes of deep breathing or a quick stretch between ward rounds can reduce physiological stress responses. Plan rest days intentionally, and resist the urge to fill them entirely with errands.

2 Practising Self-Compassion

Self-compassion means treating yourself with the same empathy you offer patients. When outcomes are beyond your control, replace self-criticism with understanding: "This is difficult, and I am doing my best." Recognizing your limits is not weakness but wisdom. Even brief self-compassion pauses which include a deep breath and a kind internal statement, can interrupt spirals of guilt and exhaustion.

3 Setting Boundaries Without Guilt

Boundaries protect sustainability. Learn to say no politely to tasks that compromise your wellbeing. Keep your personal time sacred; avoid checking work messages after hours unless you are on call. Create transition rituals such as changing clothes, washing hands, or a short walk before reaching home to mentally leave work behind. Remember: Saying no to one thing is saying yes to your wellbeing.

4 Relaxation and Grounding Techniques

Simple practices like 4-7-8 breathing (inhale for four seconds, hold for seven, exhale for eight) or progressive muscle relaxation calm the autonomic nervous system. Reconnect with sensory experiences such as music, nature sounds, or a warm shower to signal the brain that you are safe. These micro-moments of calm accumulate into resilience over time.

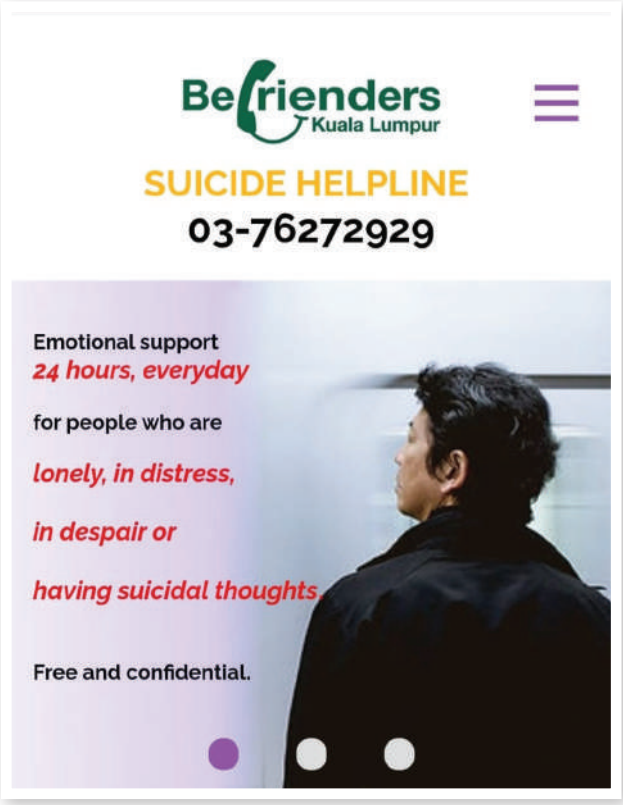
5 Adaptive Coping and Meaning-Making

Writing down what went well during the day or what you are grateful for cultivates perspective. Seek peer support by talking openly with colleagues can normalize struggle and prevent isolation. If distress becomes overwhelming, seek professional counselling early, not as a last resort. Reconnecting with purpose such as reminding yourself of moments where your care made a difference is also important to ensure compassion satisfaction. This has always been understood as among vital buffers against burnout.

Caring for the Caregiver

Stress will always be part of medicine, but suffering need not be. The culture of silence and stoicism must give way to one of balance, reflection, and care for both patients and practitioners. In the words of an old saying: "You cannot pour from an empty cup."

For Malaysia's new generation of doctors and specialists, managing stress is not about enduring more, but about enduring wisely. With self-care, compassion, and boundaries, healing the healer becomes not just possible — but essential to the future of healthcare.



Reference:

1. https://www.cdc.gov/niosh/docs/99-101/default.html
2. Ching, S. M., Cheong, A. T., Yee, A., Thurasamy, R., Lim, P. Y., Zarina, I. I., ... & Ramachandran, V. (2024). Prevalence and factors associated with burnout among healthcare providers in Malaysia: a web-based cross-sectional study. Irish Journal of Medical Science (1971-), 193(2), 851-863.
3. Dewa, C. S., Loong, D., Bonato, S., Thanh, N. X., & Jacobs, P. (2014). How does burnout affect physician productivity? A systematic literature review. BMC health services research, 14(1), 325.
4. https://www.apa.org/topics/healthy-workplaces/work-stress

The Future Is in Our Hands: Bridging the Gap Between Tradition and Technology in Hand Surgery

Written by: **Dr. Saiful Iman bin Ismady and Dr. Nadiya binti Hazizan**
Universiti Teknologi Mara – Faculty of Medicine

The Malaysian Society for Surgery of the Hand (MSSH) and the Malaysian Society for Hand Therapy (MSHT) had successfully concluded their highly anticipated annual joint event, the MSSH-MSHT Annual Scientific Meeting (ASM) 2025. Held from 21st to 23rd August 2025, the meeting adopted the inspiring theme, "Bridging Tradition and Technology for the Future of Hand Surgery". The event proved to be a pivotal and comprehensive platform, uniting hand surgeons, hand therapists, and allied health professionals from Malaysia and across the globe to exchange knowledge and advance the standards of hand care. The event this time is led by Dr. Ruban Sivanoli as the organising chairman, together with Dr. Jeremy Prakash and Dr. Collin Looi.

The three-day scientific gathering began with a Workshop Day at the Sri Kota Specialist Medical Centre on Thursday, 21st August, before moving to the Wyndham Acmar Klang for the main scientific meeting from Friday, 22nd, to Saturday, 23rd August. The ASM was proudly held in conjunction with Visit Selangor 2025, adding a regional celebratory note to the academic excellence.

The event commenced with a high-yield, practical Workshop Day featuring multiple hands-on sessions. The Saw Bone workshops focused on hand fracture management, including distal radius fracture fixation and dorsal olecranon plating. With guidance from professors and hand surgeons, the UM Tendon Repair Workshop provided postgraduate students and junior surgeons with a thorough understanding of tendon anatomy and healing, followed by practical demonstrations of repair techniques. The ultrasound workshop was introduced, providing participants with the opportunity to experience using a portable ultrasound application to identify structures for diagnostic purposes, as well as for procedures such as nerve blocks. Additionally, the splinting workshop for hand therapists covered the fundamentals of custom splint fabrication and introduced alternative splinting materials.

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Participants were being guided by Assoc. Prof. Dr. Khoo, during the UM tendon repair workshop

Saw bone session for distal radius fracture and metacarpal fracture, instructed by Dr. Iskandar

Oral Paper Presentation Session

The main annual scientific program held in Wyndham Acmar Klang effectively addressed key areas that stayed true to the theme of the discussions of AI, robotics, and the technological advances in hand surgery. The sessions started with the opening speech by Dr. Ruban Sivanoli, the organising chairman, and the officiating speech by Dr. Mohd Iskandar. The series of lectures started off strong with the keynote lectures delivered by distinguished guests, Prof. Dato' Dr. Rashdeen, who presented on the management of complications in hand surgery, and Assoc. Prof. Dr. Rebecca Lim from the National University of Singapore, who shared insights on integrating artificial intelligence and robotics into major hand surgeries. A significant focus was placed on the critical area of trauma, with in-depth lectures and discussions on managing complex complications, effective methods for examining the injured hand, and surgical management of various fractures, including distal radius, scaphoid, and carpal injuries.

The meeting also encompassed a broad spectrum of clinical practice, covering advanced specialised procedures in hand surgery as well as strategies for managing common hand conditions frequently encountered in daily practice. The essential fields of paediatric hand and hand rehabilitation were given due prominence on the 2nd day of the event. Presentations covered the clinical examination of the congenital hand, paediatric hand fractures, and the latest updates in scar management and functional prosthetic rehabilitation. Attendees, especially master's students, benefited from clinical case discussion sessions, which were conducted on both days. There was also a special session dedicated to the history and future of the specialty, including discussions on KKM Hand and Upper Limb Service Training and the process of starting hand services in a new state.

Prof. Dato. Dr. Rashdeen giving his key-note lecture

The oral paper presentations were conducted concurrently, featuring 12 presenters who delivered 13 papers related to hand and microsurgery. Moderated by Dr. Jeremy Prakash, the session provided a valuable platform for emerging clinicians to showcase their research and compete for the Best Oral Presentation Award. The judges for the session were Prof. Dr. Abdul Nawfar and Dr. Elaine Soh Zi Fan. Dr. Sarah Sheena Toyat was selected as the winner of the Free Poster Presentation Award for her paper entitled "AO Distal Radius Fracture Classification: Evaluating Interobserver Reliability between ChatGPT and Hand Surgeon".

In summary, the MSSH-MSHT ASM 2025 was a tremendous success, not only in terms of attendance but also in the breadth and depth of the academic content delivered. It fostered a collaborative and collegial environment, strengthening the bonds among members of the hand and microsurgery fraternity. It served as a valuable platform for the exchange of ideas and the sharing of new updates on the current management of hand conditions, reinforcing the partnership between hand surgeons and hand therapists. Such meaningful interactions not only enhance professional relationships but also contribute to advancing the standards of hand care within Malaysia and across the Asia-Pacific region.

Line-up of MSSH Committee Members with Members of Malaysia's Hand and Microsurgery Fraternity

Pioneering a New Era: The First Robotic Spine Surgery in KKM at Hospital Pulau Pinang

Written by: **Dr Asrul Syamin bin Hisyam Yong**
Hospital Pulau Pinang, Ministry of Health Malaysia

The field of spine surgery continues to evolve at a remarkable pace, driven by advances in technology, improved surgical precision, and a growing emphasis on patient safety. In a historic milestone for Malaysia's Ministry of Health (KKM), the Spine Unit at Hospital Pulau Pinang, headed by Dr Lim Han Sim, successfully conducted the first robotic-assisted spine surgery within KKM hospital. This landmark achievement signals not only a leap forward in surgical capability but also the beginning of a new chapter in complex spine care for Malaysian patients in the public setting.

Major advancements in a public healthcare system require not just technology, but leadership with the courage to embrace innovation. The successful introduction of robotic spine surgery at Hospital Pulau Pinang reflects the unwavering support of the Hospital Director, Dr. Goh Hin Kwang, whose advocacy for modernizing surgical services laid the foundation for this breakthrough.

Similarly, the initiative gained tremendous momentum under the guidance of Dato' Dr. Azuhairy, the Head of the Orthopaedics Department. Together, their leadership reaffirmed Hospital Pulau Pinang's commitment to being a centre of excellence for advanced spine care.

At the heart of this achievement lies strong clinical mentorship and leadership. The robotic surgery program was guided by the expertise of Dr. Zairul Anuar, Head of the Spine Subspecialty KKM, and

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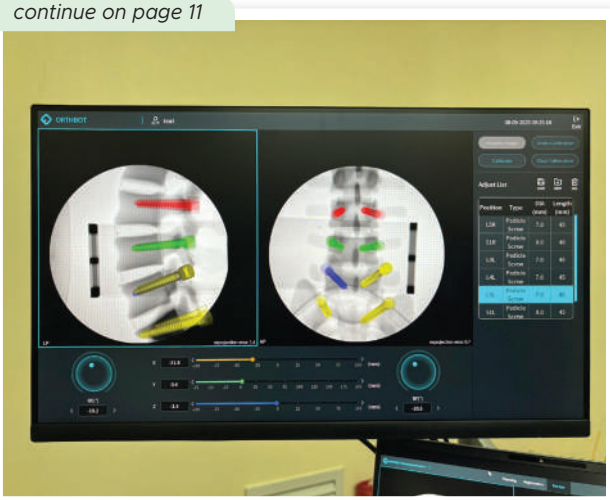

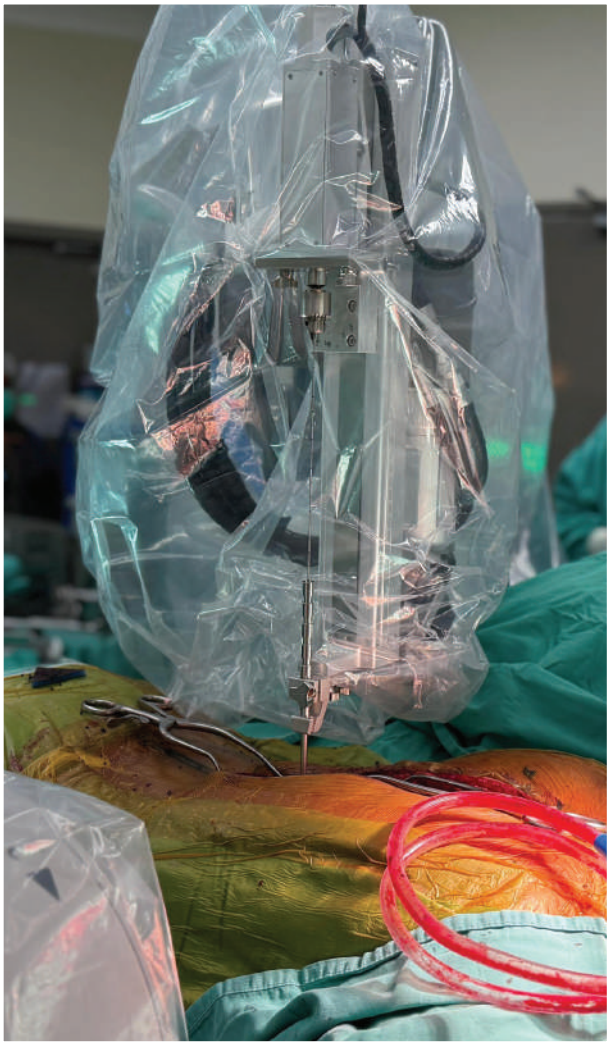

also Dr Lim Han Sim, Head of Spine Unit Hospital Pulau Pinang, whose vision for adopting next-generation surgical techniques has helped shape the direction of spine care across the public healthcare system.

Their mentorship ensured that the surgical team that included Dr Wang Chee Seiang, and 2 other spine fellows, Dr Hazwan & Dr Asrul was thoroughly trained, well-prepared, and equipped with the necessary knowledge to implement robotic technology safely and effectively. This collaborative learning process not only enhanced the team's technical proficiency but also strengthened the unit's foundation for future robotic and navigation-assisted procedures.

The maiden case involved a patient with Adolescent Idiopathic Scoliosis requiring complex spinal instrumentation, where precision, reproducibility, and safety were paramount. Using the Futuretec Robotic system guidance allowed the surgical team to pre-plan screw trajectories with millimetre-level accuracy, reduce reliance on fluoroscopy, and improve overall surgical confidence—particularly in anatomically challenging regions. It also allows the surgeon to have a good night's sleep after the surgery.

This achievement proves that sophisticated technologies are not limited to private institutions. Instead, this milestone underscores KKM's capability and commitment to offering world-class surgical care to the Malaysian public, regardless of socioeconomic background.

Beyond the robot itself, the success of this surgery was bolstered by the integration of four additional state-of-the-art enabling technologies. Together, they provided a comprehensive technological ecosystem that significantly enhanced surgical safety, precision, and efficiency.

1 Brainlab Navigation

Intraoperative 3D navigation played a key role in real-time verification of screw placement and surgical anatomy. Brainlab navigation allowed the team to visualise trajectories and adjust the plan on the spot, ensuring a high degree of accuracy throughout the procedure. Its seamless integration with the robotic platform enhanced confidence and reduced intraoperative uncertainty.

2 NuVasive Reline Pedicle Screw System

The use of NuVasive's Reline system ensured robust screw fixation with excellent construct stability. Known for its strength, low-profile design, and compatibility with complex deformity corrections, the Reline system

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complemented the robotic plan by allowing precise and reliable instrumentation—a crucial component in the management of complex spinal pathologies.

3 **Medtronic UNiD™ Patient-Specific Rods**
Spinal alignment is a key determinant of long-term patient outcomes, particularly in deformity or reconstructive surgery. Medtronic's UNiD rods, pre-bent to match the patient's alignment requirements, provided personalised correction and minimized the need for manual rod contouring in the operating theatre. This reduced operative time, improved construct symmetry, and ensured better restoration of saggital balance.

4 **SonicMed Bone Scalpel**
Precision bone work was facilitated by the ultrasonic bone scalpel, which allows for fine osteotomies while preserving soft tissues. Its ability to minimise blood loss, reduce dural injury risk, and maintain clean bony cuts elevated the safety profile of the procedure. For complex decompressions, this tool played an indispensable role.

The combination of these enabling technologies created a multi-layered safety net, enhancing the overall quality of surgery and demonstrating how modern spine care integrates multiple platforms for the benefit of patients.

Introducing robotic technology into spine surgery naturally comes with a learning curve, even for experienced surgeons. Mastery of robotic workflows requires understanding not only the technical aspects of the robot itself, but also the nuances of preoperative planning, intraoperative registration, and real-time coordination between navigation, imaging, and robotic guidance. At Hospital Pulau Pinang, the surgical team embraced this challenge through structured training, simulation sessions, and close mentorship from senior spine surgeons such as Dr. Zairul & Dr Lim. By approaching the learning curve systematically, the team ensured that safety remained the top priority during every step of implementation. The successful completion of this first robotic case demonstrates that with the right preparation, multidisciplinary collaboration, and commitment to continuous improvement, advanced robotic surgery can be safely and effectively incorporated into the public healthcare environment.

Industry partners also provided crucial support in equipment setup, troubleshooting, and workflow optimisation. Their technical expertise ensured that the robotic platform, navigation system, implants, and instruments functioned cohesively—allowing the clinical team to focus fully on patient care. This level of collaboration highlights the importance of a multidisciplinary ecosystem in successfully executing advanced spine surgeries. In the years ahead, robotic assistance, navigation, patient-specific implants, and precision tools will likely become integral to managing complex spinal disorders. These technologies not only enhance surgical outcomes but also reduce complication rates, accelerate recovery, and improve the quality of life for patients.

Bridging Theory and Theatre: The AO In-Hospital Programme at HPUSM

Written by: **Dr. Sudhir Kumar Sri Kumar & Dr. Mohd Hadizie bin Din**
Hospital Pakar Universiti Sains Malaysia

Orthopaedic surgery training in Malaysia is undergoing significant transformation, and one of the many tools aiding this evolution is the AO Foundation's In-Hospital Programme. As part of AO Trauma's mission to advance orthopaedic education worldwide, this initiative brings expert-led teaching directly to hospital departments, by removing barriers of distance and cost that often hinder trainees. Instead of travelling to large, centralised courses, participants engage with AO's principles right in their own clinical environments, allowing for more consistent, accessible, and relevant learning tailored to busy healthcare teams.

At Hospital Pakar Universiti Sains Malaysia (HPUSM), this model fits seamlessly. For many orthopaedic surgery trainees, it offers their first in-depth exposure to the AO philosophy: anatomical reduction, stable fixation, preservation of blood supply, and early mobilisation. The result is a learning experience that is immediately applicable to their daily cases, especially to high-frequency trauma such as geriatric hip fractures.

Malaysia's population is ageing at an unprecedented rate. According to United Nations projections, by 2040, more than one in seven Malaysians will be 65 or older—a sharp rise from just over 8% today. For orthopaedic surgery trainees, this trend means facing a growing wave of complex, elderly trauma patients whose care requires much more than surgical skill alone. The focus is shifting; it is not simply about fixing bones but about restoring mobility and independence during the most vulnerable period of a patient's

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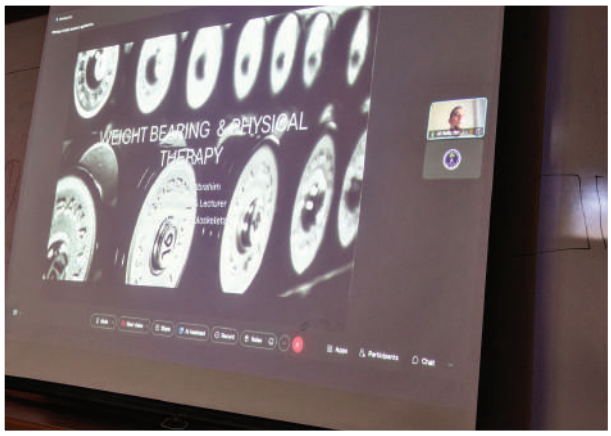

life. This evolving demographic profile demands new standards in orthopaedic care, making sure soon-to-be surgeons develop both technical prowess and holistic care abilities early in their careers.

On 23 August 2025, HPUSM's Department of Orthopaedics hosted its first AO In-Hospital session, using the Best Practices in Geriatric Hip Fractures module. This full-day event, held in collaboration with AO Trauma Malaysia, the Malaysian Orthopaedic Association (MOA), and DePuy Synthes, brought together experts from various disciplines and institutions.

The programme was led by Organising Chairperson Dr Mohd Hadizie Din, Advanced Musculoskeletal Trauma and Orthopaedic Surgeon at HPUSM. Recognising the multifaceted challenges of managing elderly patients, Dr Hadizie's team assembled a multidisciplinary panel: Dr Kamaruddin Ibrahim (Anaesthesiologist), Dr Nur Izat Muhamad (Internal Medicine Physician), and Dr Al-Hafiz Ibrahim (Rehabilitation Specialist). Augmenting the local faculty were visiting experts: Dr Achidat Mahpha Fansuri Mustapa (Thomson Hospital), Dr Mohd Iqbal Harris Sulaiman (Hospital Sungai Buloh, Klang), and Dr Mohamad Hilmi Mohamad Nazrallah (Universiti Sains Islam

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Malaysia). Their participation exemplified AO's commitment to peer-to-peer exchange across Malaysian hospitals.

The 25 orthopaedic surgery trainees from HPUSM who attended found themselves immersed in an engaging, high-energy learning environment. The day commenced with a pre-test to establish a baseline, followed by concise lectures outlining key principles in geriatric hip fracture management. Participants then joined small-group case discussions; a trademark of AO teaching which encourages critical thinking through complex scenarios rather than rote memorisation. These sessions were lively, with trainees sharing perspectives, debating approaches, and applying evidence-based reasoning to practical contexts.

Hands-on learning came to the fore in the afternoon workshops. Trainees rotated between stations, practising techniques using the Femoral Neck System (FNS), cannulated screws for femoral neck fixation, and the TFNA (Trochanteric Femoral Nail-Advanced) system. Led by an experienced faculty, these sessions provided a tangible feel for implants and instruments, bridging theory with muscle memory, and imparting pearls for troubleshooting challenging fixations. The day concluded with a post-test which is a structured opportunity for reflection and feedback, consolidating the knowledge gained.

The AO In-Hospital Programme at HPUSM highlighted the effectiveness of localised, focused teaching. Initiatives like these ensure the next generation of orthopaedic surgeons are not only technically adept but also grounded in principles of collaboration, precision, and patient-centred care. By concentrating on prevalent injuries such as geriatric hip fractures and aligning training with real clinical needs, this model offers a blueprint for impactful and sustainable orthopaedic education in Malaysia.

BERITA ORTOPEDIK

Advertising Packages

Founded in 1967, MOA is the oldest and largest association representing Malaysian orthopaedic surgeons with nearly 800 members.

Berita Ortopedik is the official publication of the MOA. It is widely circulated in the orthopaedic surgery community and serves as a vital platform for sharing recent events, knowledge updates, and advancements in orthopedics.

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ASEAN ASAMI 2025 – Fostering Regional Collaboration in Limb Reconstruction

Written by: **Dr. Muhammad Lutfi Bin Abdul Rashid**
University Malaya Medical Center

The Association for the Study and Application of the Method of Ilizarov (ASAMI) continues to play an important role in disseminating knowledge and fostering the exchange of ideas in the field of distraction osteogenesis. The embedded "Ilizarov" within the association's name pays tribute to the pioneering work of the late Professor Gavriil Abramovich Ilizarov, whose legacy continues to transform lives across the globe.

Although ASAMI ASEAN was founded in 1997, the regional chapter had been relatively dormant for several years. Encouragingly, recent efforts have been made to rejuvenate the society and strengthen collaboration among surgeons in the region.

The Road to ASEAN ASAMI 2025

The idea of organising ASEAN ASAMI 2025 was conceived among Malaysian delegates during the 6th World Congress of ASAMI-BR & ILLRS Societies in September 2024, held in Beijing, China. The main aim was to enhance collaboration among local limb reconstruction surgeons and to engage colleagues from neighbouring ASEAN nations. This initiative gained even greater significance after Kuala Lumpur was selected to host the 7th World Congress of ASAMI-BR & ILLRS Societies in 2026 — a rare opportunity to welcome world-renowned experts to our shores.

A Vibrant Gathering of Experts

Held from 12th to 14th September 2025, ASEAN ASAMI 2025 featured strong representation from Indonesia, the Philippines, and Singapore, alongside a large number of Malaysian participants. The delegates included orthopaedic surgeons, allied health professionals, and trainees directly involved in limb reconstruction.

We were privileged to host an impressive line-up of international faculty members, including Dr Aryadi Kurniawan (Indonesia), Professor Dr Chayanin Angthong (Thailand), Dr Daniel Dungca (Philippines), Professor Dr Mofakhkharul Bari (Bangladesh), Professor Dr Oh Chang Wug (South Korea), Dr Peter Thaller (Germany), Dr R. A. Agrawal (India), Dr Tan Chin Yik (Singapore), and Dr Zang Jian Cheng (China).

Our local faculty were equally distinguished, featuring Professor Dr Alizan Abdul Khalil, Dr Chuah Yeok Pin, Dr Luvan Markandan, Dr Norhaslinda Bahaudin, Dr Rukmanikantan Shanmugam, Professor Dr Saw Aik, and Dr Thirukumaran Subramaniam. Together, this formidable group of experts enabled a comprehensive scientific programme covering trauma, bone infection, paediatrics, and foot and ankle reconstruction.

Industry Partnerships and Pre-Congress Workshops

Recognising the vital role of industry partners, who are truly the backbone of subspeciality,

Enthusiastic delegate learning the TL-Hex TrueLok Hexapod System® for equinus deformity correction, overseen by Dr. Imma Isniza and Dr. Devarani Pancharatnam

Demonstration of the surgical technique of TST® Telescopic Rods fixation by Professor Dr Anwar Ramdhan and Dr Lutfi Rashid

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Femur malunion correction workshop using the TrueLok® Rapid Struts, led by Dr Saifudin Othman

Technical application of Diabefix® for transverse tibial transport was demonstrated by Dr Tan Chin Yik

Introducing our local cusine to our international guests

the conference also featured well-attended pre-congress workshops that introduced cutting-edge technologies and their applications.

Osteomed, a longstanding leader in limb reconstruction technology, showcased the **TL-Hex TrueLok Hexapod System®** by **Orthofix**, a platform that combines precision hardware with an advanced computer interface for surgical planning and postoperative correction. Their new **TrueLok® Rapid Struts**, designed for circular ring fixators, allow rapid acute correction of malunion — a feature demonstrated in a dedicated workshop on femoral malunion.

Perintis Medik, another major player in the field, introduced the **Diabefix®**, a device utilising distraction osteogenesis to enhance circulation in diabetic feet. Also known as transverse tibial transport, this technique appears to be a promising innovation that may redefine limb salvage strategies in diabetic patients. Creeping amputation could potentially be a thing of the past.

Meanwhile, **Profile Technology** presented the **OrthoSUV®** system, a well-established and continually evolving hexapod correction platform, now refined for enhanced user-friendliness and versatility. This technology was used in a tibial malunion workshop. The company also displayed its **TST® Telescopic Rods** for the treatment of osteogenesis imperfecta, offering effective internal telescoping support for fragile long bones.

The Dato' Thirumal Award

A major highlight of the congress was the Dato' Thirumal Award free-paper competition. From a pool of high-quality submissions, five finalists were shortlisted, covering diverse aspects of limb reconstruction. The judging panel — Peter Thaller, Mofakhkharul Bari, and Zang Jian Cheng — was carefully selected to ensure impartiality, with each judge representing a different country from the contenders.

After engaging presentations and lively discussions, the winners were announced:

1. **First Place**: *Quality of Life During Treatment with Ilizarov External Fixator of Tibia* — **Dr. Muhammad Ihsan Bin Mohd Tusirin (Malaysia)**
2. **First Runner-Up**: *Functional Outcomes of Chronically Untreated Elbow Dislocations Following Open Reduction and Application of Hinged Elbow Ilizarov Fixator* — **Dr. Rae Mangalino (Philippines)**
3. **Second Runner-Up**: *Transverse Tibial Transport: What We Have Learnt So Far* — **Dr. Muhammad Farhan Bin Mohd Fadil (Singapore)**

The winners received certificates of achievement and prize money amounting to RM1,800 in total.

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Closing Reflections and Looking Ahead
The congress concluded with a heartfelt closing ceremony on the third day, where gratitude was extended to all faculty members and delegates. The feedback was overwhelmingly positive — Dr. R. A. Agrawal from Gorakhpur, India, a senior member of ASAMI International, remarked that ASEAN ASAMI 2025 was among the best conferences he had attended in years.

Such success was only possible through the collective effort of our local faculty and organising team. We hope that this milestone event will further strengthen teamwork within the Malaysian Limb Reconstruction Society as we prepare to host the 7th World Congress of ASAMI-BR & ILLRS in 2026, to be held at Sunway Pyramid Convention Centre (visit **https://asami-illrs2026.com/**).

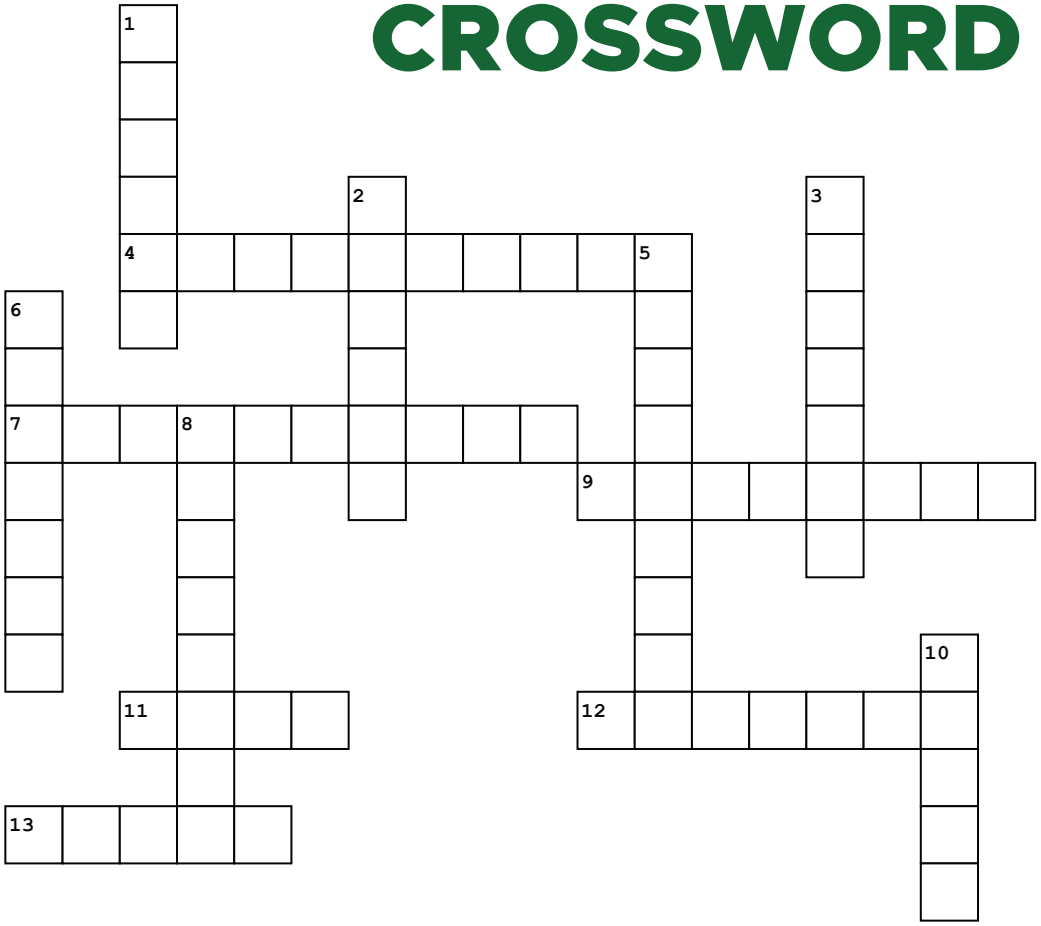
We warmly invite all orthopaedic surgeons to participate in this global gathering to share your fascinating work, exchange ideas, and continue advancing the art and science of limb reconstruction.

Dr. Peter Thaller was highlighting the possible problems associated with motorized lengthening nails

Delegates were taking the opportunity to get an autograph of the esteemed Dr. Mofakhkharul Bari

Winners of the Dato' Thirumal Award accompanied by Professor Dr Saw Aik. First place; Dr Muhammad Ihsan (2nd from right). First runner up; Dr Rae Mangalino (2nd from left). Second runner up; Dr Muhammad Farhan (1st from left)

CROSSWORD



ONLINE VERSION

Across

4. _____ in surgical training is crucial forprofessional and personal development, helpingtrainees with technical skills, career guidance, andovercoming challenges like burnout.

7. The process of adapting well in the face ofadversity, trauma, tragedy, threats or significantsources of stress

9. The tarsometatarsal joint is also known as the _____ joint. This joint complex is named after aFrench surgeon who first described injuries to thisarea in the 19th century.

11. Perseverance toward long-term goals, is a keymental fortitude trait for navigating the challengesof surgical training

12. World Mental Health Day is celebrated each yearon the 10th of _____ .

13. Internal motivation to achieve recovery or goals.

Down

1. Mental Health _____ refers to negativeattitudes, beliefs, and stereotypes people may holdtowards those who experience mentalhealth conditions.

2. Resident's favourite caffeine-based coping tool.

3. Malaysia Ministry of Health community mentalhealth service centres are called _____ centres.

5. _____ arthritis typically presents withradiological findings which include erosions, jointspace narrowing, and bone proliferation, whichcan result in a "pencil-in-cup" deformity.

6. A state of emotional, mental and often physicalexhaustion brought on by prolonged or repeatedstress.

8. A Soviet physician, known for inventing the apparatus for lengthening limb bones and for the method of surgery named after him also known as the magician from Kurgan.

10. The father of psychoanalysis.

Selection for Postgraduate Orthopaedic Training (SPOT)

Cracking SPOT: Your Guide to Acing Postgraduate Orthopaedic Selection

Written by: **Dr. Muhamad Karbela Reza bin Ramlan**
Hospital Canselor Tuanku Muhriz

In Malaysia, getting a place in any specialty training program is becoming more challenging every year. Orthopaedics and Traumatology in particular attracts a lot of interest because it is a dynamic field where you get to combine problem solving, hands on procedures, long term patient care and teamwork. Because of this, the competition is strong and you need to be well prepared if you want to secure a spot in the postgraduate program. A solid understanding of basic orthopaedic sciences is one of the most important foundations you must have before applying.

There is one piece of wisdom from my mentor, Assoc. Prof. Dato' Dr. Badrul Akmal Hisham, that I always carry with me. He used to say "begin with the end". At first it might sound philosophical or even confusing, but as you work through your career you will realise how powerful this mindset is. When you know exactly what outcome you want, every step you take becomes more purposeful. You choose your actions more wisely, you manage your time better and you stay focused even when things get tough. Whether it is planning a surgery, managing a patient or preparing for an exam, the idea of starting with the goal in mind helps you stay on track. For SPOT, the goal is simple. You want to pass and enter training. So your preparation should be built around that final aim.

Your first task is to achieve Band 4 to 6 in MedEx. Once that is done, check your eligibility for SPOT registration. Many candidates skip this simple step and only realise later that they missed a requirement. After confirming your eligibility, the most important thing is to understand the exam format clearly. **SPOT consists of twenty two stations in total**. These stations include the **Objective Structured Clinical Examination (OSCE), the Structured Viva Voce Examination (SVVE) and the Multiple Mini Interviews (MMI)**. Each section tests different aspects of your knowledge, skills and attitude which are essential for becoming a competent orthopaedic trainee.

Objective Structured Clinical Examination (OSCE)

The OSCE has ten stations. Some are interactive while others are non interactive. Each of them lasts for six minutes. The OSCE format is designed to assess your clinical skills from multiple angles. It looks at your ability to take a history, perform physical examinations, interpret investigations and show clinical judgement. It may also test your ability to explain things to patients or handle emergency situations.

Because each station is very short, you will feel like time is flying. Many candidates walk out of the OSCE feeling like they barely had time to think. This is normal. The reason is simple. The OSCE tests whether your basic clinical examination and decision making skills are already part of your muscle memory. Orthopaedic examination techniques should feel natural to you, not something you recite from a textbook. The only way to reach that level is through consistent practice. Every time you are in the clinic or ward, remind yourself to perform a complete examination. Learn the correct sequence and do it until it becomes effortless. Use real patients as your practice opportunities. Over time you will notice that your hands and your mind automatically know what to do.

Structured Viva Voce Examination (SVVE)

The Structured Viva Voce Examination has six stations, each lasting six minutes. This part of the exam focuses on your orthopaedic knowledge, reasoning process, communication and professionalism. Many candidates find this section challenging because it requires you to think aloud, explain your decisions, justify your management and stay calm even when the examiner pushes you with difficult questions.

The best way to prepare for viva sessions is by practising every day. It does not need to be formal

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practice. During ward rounds, take every chance to present cases. Even simple presentations help you improve your clarity and confidence. Discuss your management plans with seniors and colleagues. Ask questions. If you cannot answer something, go back and read about it. When you teach house officers or medical students, you also strengthen your own understanding.

For surgical skills and principles, make it a habit to revise before every operation. Go through the steps in your head. Remind yourself why each step is important. During surgery, practise a running commentary. This trains you to think in a structured way and it prepares you for viva style questioning. Do not forget to keep your logbook updated. You will need to submit your cases from the past two years and a complete logbook reflects your professionalism and commitment.

Multiple Mini Interviews (MMI)
The Multiple Mini Interviews consist of six stations and each lasts five minutes. These stations are designed to assess qualities such as professionalism, maturity, empathy, communication style and your ability to work with others. The MMI is not about technical knowledge. It is about who you are as a doctor. Orthopaedics is a team based specialty. You work with nurses, physiotherapists, occupational therapists, house officers and many others. The MMI aims to see if you can communicate well, remain calm under pressure and think ethically.

There is no shortcut for this part. You cannot prepare overnight. The only way to develop these qualities is through real experience. Spend time with patients and get to know their challenges. Communicate respectfully with everyone in the healthcare team. Seek guidance from seniors and learn from how they handle complex situations. These interactions shape your character and make you a wiser and more grounded doctor.

The journey toward postgraduate orthopaedic training requires dedication, discipline and a lot of real world learning. It can be tiring but it is also rewarding. Every patient you treat and every challenge you face will prepare you for the next stage.

Good luck as you work towards this goal. I hope to see you in the program soon.

*P/S: Do not forget to visit the website **www.myorthospot.com** for the syllabus and recommended textbooks.*

Your First Step Into Orthopaedics: Winning the SPOT Battle

Written by: **Dr. Mohd Afiq bin Muhamed Fuad**
Hospital Sultan Abdul Aziz Shah (HSAAS),
Universiti Putra Malaysia

Becoming part of the Orthopaedic Postgraduate Training Programme is a dream for many medical officers. And everyone knows that the **Selection for Postgraduate Orthopaedic Training (SPOT)** exam is one of the earliest and most important doors to open on that journey.

The SPOT exam tests your understanding of **basic sciences** together with **orthopaedic principles** and how you apply them in real clinical settings. General information about eligibility and format can be found on the MyOrthoSPOT website.

Here, I'd like to share a few **tips and tricks** that might help you boost your chances of success, not just to pass, but to *shine*.

Come to the Exam Knowing the Flow
In any competition, the first strategy is always to **understand the flow**. Once you know what's coming, you can prepare wisely and walk in with confidence.

The SPOT exam consists of **three main components**:

- **Objective Structured Clinical Examination (OSCE)**
- **Structured Viva Voce Examination (SVVE)**
- **Multiple Mini Interviews (MMI)**

The **OSCE** is divided into *interactive* and *non-interactive* stations (10 stations in total), while the **SVVE** has 6 stations. These two sections are highly structured, examiners follow strict marking

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schemes, so precision matters. Focus on **key terms and concepts**, as these will carry the most marks. Topics often include:

- Basic sciences
- Orthopaedic fundamentals and instruments
- Simple and specific examination techniques
- Common orthopaedic procedures
- Basic surgical skills

The **MMI**, on the other hand, assesses your **personality, maturity, and critical thinking**. Think of it as your opportunity to show who you are, your motivation, professionalism, and "fit" for orthopaedics. A confident yet humble attitude will leave a lasting impression.

Core Knowledge is the Key to Success

The SPOT syllabus is already well-listed on MyOrthoSPOT. Don't panic when you see the long list of topics. *"Many have conquered it before, and so can you!"*

There's no shortcut. The golden rule is: **be ready for the hardest possible questions**. Make sure you can explain every topic clearly, not just memorize it. Here's how:

- **Know your learning style.** Group study encourages discussion, helps you explain concepts out loud, and tests your understanding through questions. But if you're a solo learner, that's fine, just make sure to *question yourself* as you study.

- **Teach to learn.** Nothing improves understanding like teaching others. Share topics with your colleagues, house officers, or medical students. If they understand your explanation, you've mastered it.

- **Learn from daily cases.** Let your clinical work guide your study. If you see a patient with hyponatremia today, revise the basic science of sodium when you get home. One case a day, one topic a day. Consistent progress!

- **Always ask "Why do I need to know this?"** Connecting knowledge to its clinical relevance will make it stick. If you can't answer this question, get help. Use online platforms, notes, or mentors. Remember, help is just a click away.

A wise man once told me; *"Only a prophet receives revelation in the unknown. If you're not a prophet, go back and read."*

I still keep that quote close as motivation for me to study.

Learn from Mistakes: The Best Teacher

Always review past-year questions and practice them. Let your seniors or superiors test you, and don't be afraid to make mistakes early. it's better to stumble now than in the real exam.

Over time, you'll start recognizing common **patterns** in the types of questions asked. Then, focus on **how to structure your answers** clearly and confidently.

Interestingly, I often ask friends who *didn't* pass the exam on their first attempt, because they usually give more insightful feedback about what to avoid. Of course, learn from those who passed too, but remember that failure teaches sharper lessons.

Make a Strong Impression

Presentation matters. Dress neatly, look confident but remain humble. In the MMI, it's perfectly fine to say:

"I haven't observed or assisted that procedure before."

That honesty shows maturity and self-awareness, qualities every trainer values.

Take a deep breath before answering, think clearly, and show that you're safe, teachable, and genuinely passionate about orthopaedics.

Final Words

Aim for the stars, because even if you fall short, you'll land on the moon. Prepare as if you want an *A*, so even if you don't reach it, you'll still pass comfortably. Don't just study to pass because next to pass if failure. "*Study to understand and honour the knowledge"*.

Respect the knowledge, learn from every patient and situation, and share what you know. When you do that, you won't just pass SPOT, you'll walk out with a **rainbow behind you**.

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So, You've Got a Spot in the SPOT...

Written by: **Dr. Eva Mahirah binti Zulkifli**
University Malaya Medical Center

The Selection for Postgraduate Orthopaedic Training (SPOT) examination is coming up soon, and for those who are eligible to sit for it, here are some tips to get the best results.

Know your enemy
Firstly, familiarise yourself with the format of the examination. The SPOT examination is composed of three sections: the Objective Structured Clinical Examination (OSCE), the Structured Viva Voce Examination (SVVE), and the Multiple Mini Interview (MMI).

The OSCE is composed of five non-interactive stations and five interactive ones. Each station lasts for six minutes and accounts for ten marks. In the non-interactive OSCE stations, you will be shown a photograph, a radiograph, a diagram, or an object, followed by a series of questions. Read the questions carefully, pay attention to the marks of each, and write down your answers succinctly and legibly. If, for example, a question asks to list three points, only the first three answers will be marked.

In the interactive OSCE stations, examiners will be present and you will be asked to identify certain features on a specimen or demonstrate a clinical skill or procedure on a model. Show and narrate each step clearly. This section assesses not only your knowledge, but also level of competency.

For SVVE, there are six stations of six minutes and ten marks each. An examiner will conduct a structured discussion. Here, the focus is on communication skills and attitude, along with knowledge and clinical experience.

The MMI is a series of short interviews through six stations. Unlike OSCE and SVVE, the aim of this section is to evaluate non-cognitive qualities. The questions will relate to topics that deal with ethical values, empathy, resilience, maturity, and enthusiasm and awareness in medicine, among others.

Know your stuff
Secondly, and this is the main part in preparing for any examination, study and understand the materials that will be tested. Similar to the written examination (MedEx), the SPOT examination covers the applied clinical sciences (mainly anatomy, physiology, and pathology), imaging, biomechanics and biomaterials, surgical principles and equipment, and essential orthopaedic procedures. The syllabus, which include the topics and the expected level of knowledge and competency of each, and the list of recommended textbooks are available through the SPOT website **(www.myorthospot.com)**.

While striving for comprehensive knowledge of the whole curriculum, nearing the examination period, you might want to focus more on certain areas. Have a strong foundation of the basics before delving into advance topics. Prioritise general orthopaedics and trauma compared to subspecialty subjects. Remember that commonly encountered conditions or procedures are commonly asked. For stations testing clinical evaluation or skills, always be on the side of safety and use generally-accepted principles and methods.

Know yourself
Thirdly, be calm and confident (NOT arrogant). As the examination dates loom nearer, it is easy to panic and feel overwhelmed. Don't be. Know that your effort in studying and your service in the clinical setting all this time will be evidenced during the examination. All the best!

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Surviving SPOT: Because Crying in the Toilet Is Not an Effective Study Plan

Written by: **Dr. Mohd Iqbal Harris bin Sulaiman**
Malaysian Orthopaedic Association, Hospital Sungai Buloh

The Importance of Group Study

With the SPOT exam only two months away, covering the vast syllabus on your own can feel overwhelming. Having a group of like-minded colleagues preparing for the same exam can make a significant difference. Group discussions allow you to pool knowledge, test each other, clarify difficult concepts, and benefit from the different strengths each person brings to the table. A committed study group not only helps you stay motivated and accountable, but also exposes you to perspectives and reasoning styles you may not develop on your own. Choose teammates who are disciplined, reliable, and equally invested in passing the exam — the right group can elevate your preparation far beyond what solo study can achieve.

Composure Grows with Repeated Exposure

Because SPOT is fundamentally an oral examination, it is crucial to train your verbal skills beforehand. Practising with your study group can help you build confidence, but nothing replaces the value of mock VIVAs conducted by specialists or consultants — take every opportunity you can get. Try to simulate the exam environment as closely as possible, as the real session can be overwhelming, especially for first-time candidates. The more you practise, the better you will manage the pressure. Train regularly with friends and seniors to build the calm and clarity you will need on exam day.

Managing Your Stress and Nerves

As we inch nearer to the SPOT exam, the stress and anxiety will ramp up exponentially due to the expectations that we place on ourselves. It is important to strike a delicate balance between the right amount of stress and excessive stress. What matters is striking the **right balance** — enough stress to keep you sharp, but not so much that it becomes overwhelming or counterproductive. The **Yerkes–Dodson law** reminds us that performance improves with increasing stress only up to an optimal point, after which it declines rapidly, and this is exactly like the **Goldilocks principle**: too little stress leaves you under-prepared, too much shuts you down, but **"just right"** helps you perform at your best. As you prepare for your upcoming exam), try to stay within this balanced zone — focused, alert, but not consumed by pressure. Simple techniques like deep breathing exercises and mindfulness techniques can go a long way in helping you stay calm and centred.

Be Humble and Open to Learning

This may feel counterintuitive when you are trying to advocate for yourself and stand out among the other candidates, but humility is an essential part of performing well in any exam. There is a very fine line between confidence and arrogance; once you cross it, you risk leaving a negative impression that can influence how examiners assess your overall performance. Remember that examiners are not only testing your knowledge — they are evaluating whether you have the attitude of a future colleague: someone who is teachable, receptive to feedback, and open to learning. Maintaining humility shows professionalism, maturity, and readiness to grow.

"It is impossible for a man to learn what he thinks he already knows." ~ *Epictetus* ~

Good luck for SPOT! Take a deep breath, trust your prep, and do your best. *Semoga dipermudahkan* in every way.

MOCK SPOT exam in Hospital Tengku Ampuan Rahimah 2025

MOCK SPOT exam in Hospital Sultan Haji Ahmad Shah 2022